

2007 FOR PROFIT CORPORATION REINSTATEMENT

1082

DOCUMENT # P03000047888 1. Entity Name BRIAN WIRTSCHAFTER DESIGNS, INC.																														
Principal Place of Business 2700 SOUTH OAKLAND FOREST DR #606 OAKLAND PARK, FL 33309		Mailing Address 2700 SOUTH OAKLAND FOREST DR #606 OAKLAND PARK, FL 33309																												
2. Principal Place of Business - No P.O. Box # 1751 South Dixie Hwy #21		3. Mailing Address 811 West Oakland Park Blvd #F4																												
City & State Fort Lauderdale, FL Zip Country 33309 USA		City & State Wilton Manors, FL Zip Country 33331 USA																												
4. FEI Number 59-3772956		Applied For <input type="checkbox"/> Not Applicable																												
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																												
6. Name and Address of Current Registered Agent WIRTSCHAFTER, BRIAN 2700 SOUTH OAKLAND FOREST DR #603 OAKLAND PARK, FL 33309		7. Name and Address of New Registered Agent Name: Brian Wirtschafter Street Address (P.O. Box Number is Not Acceptable): 811 West Oakland Park Blvd #F4 City: Wilton Manors FL Zip Code: 33331																												
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																														
FILE NOW!!! FEE IS \$900.00																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WIRTSCHAFTER, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2700 SOUTH OAKLAND FOREST DR #606</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OAKLAND PARK, FL 33309</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	WIRTSCHAFTER, BRIAN		STREET ADDRESS	2700 SOUTH OAKLAND FOREST DR #606		CITY - ST - ZIP	OAKLAND PARK, FL 33309		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">Resident</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Brian Wirtschafter</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>811 West Oakland Park Blvd</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Wilton Manors, FL 33331</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"> 400112129624 11/08/07--01053--004 **150.00 </td> </tr> </table>		TITLE	Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Brian Wirtschafter		STREET ADDRESS	811 West Oakland Park Blvd		CITY - ST - ZIP	Wilton Manors, FL 33331		400112129624 11/08/07--01053--004 **150.00		
TITLE	PD	<input type="checkbox"/> Delete																												
NAME	WIRTSCHAFTER, BRIAN																													
STREET ADDRESS	2700 SOUTH OAKLAND FOREST DR #606																													
CITY - ST - ZIP	OAKLAND PARK, FL 33309																													
TITLE	Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																												
NAME	Brian Wirtschafter																													
STREET ADDRESS	811 West Oakland Park Blvd																													
CITY - ST - ZIP	Wilton Manors, FL 33331																													
400112129624 11/08/07--01053--004 **150.00																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP											
TITLE	NAME	<input type="checkbox"/> Delete																												
STREET ADDRESS																														
CITY - ST - ZIP																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
STREET ADDRESS																														
CITY - ST - ZIP																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP											
TITLE	NAME	<input type="checkbox"/> Delete																												
STREET ADDRESS																														
CITY - ST - ZIP																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
STREET ADDRESS																														
CITY - ST - ZIP																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP											
TITLE	NAME	<input type="checkbox"/> Delete																												
STREET ADDRESS																														
CITY - ST - ZIP																														
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
STREET ADDRESS																														
CITY - ST - ZIP																														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																														
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 9/18/07 Time: 954-245-7172																												

FILED
07 NOV 21 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007

2052

BRIDGET L. MASSEY, C.P.A.
6900 NW 30TH Avenue
Fort Lauderdale, FL 33309
(954) 682-5238

September 18, 2007

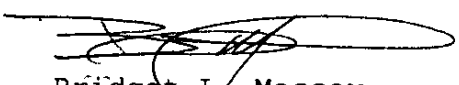
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document# P03000047888

To Whom It May Concern::

Please consider my request to abate the reinstatement fee for Brian Wirtschafter Designs, Inc. for failure to pay the corporate filing fee by the due date. My client terminated services with his prior accountant who was suppose to file and submit payment for the annual filing fee and failed to do so. We were just notified that he had not done what he was contracted and paid to do. I have had problems obtaining my clients records and determining what services he failed to perform during his employment. I respectfully request that my client not be held responsible for the negligence of his previous accountant. for two I have included with this letter the reinstatement fee along with a check for \$150.00 for the annual filing fee. Please advise me if our request for abatement is approved. If you have any questions or need any further information please do not hesitate to contact me at (954) 682-5238. Thank you for your time.

Sincerely,


Bridget L. Massey